

NC E-Procurement **Address Change** Request Form

Requested by: _____ **Date:** _____

Phone: _____ **Fax:** _____

- This form is to be used ONLY to **edit or delete a Bill To or add, edit or delete a Ship To** address

Identify Request Type as Either:

___ Bill To Address or ___ Ship To Address

Identify Required Action as Either:

___ Add ___ Edit ___ Delete

Entity #: _____ User Group Code: _____

Entity Name: _____

Address Name: _____

Street: _____

City: _____

Zip: _____ - _____

Building Name/Code: _____

(This will be the 3 characters/numbers associated with the address.
This must be included on the form in order to be processed.)

Phone Number: _____

Fax Number: _____

For Edited Address Information, enter original address below:

Entity Name: _____

Entity #: _____ User Group Code: _____

Address Name: _____

Street: _____

City: _____

Zip: _____ - _____

Building Code: _____

Comments: _____

Security Administrator Use Only

Entity ID: _____ User Group Code: _____ Checklist Completed? ___ Date: _____

Actions/Comments: _____

Name: _____ Email: _____

Phone: _____ Signature (if faxed): _____

Help Desk Use Only

User Login ID: _____ Checklist Completed? ___ Date: _____

Comments/Actions: _____

CSR Name: _____ Signature: _____

Please fax this form to E-Procurement Help Desk at 1-800-787-1655 or email
ephelpdesk@ncmail.net

Questions About this Form? Please contact the NC E-Procurement Service Help Desk at 1-888-211-7440
or via email at ephelpdesk@ncmail.net